

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1081	10311	9/16
O.I.P.E. CLASSIFIER	SD	673601	10/15
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	11	3 6 9 6 10
Original	1	2 5 7 6 14 10
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		✓ ✓ ✓ ✓ ✓ ✓
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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